

## MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Final
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Travis Nobles, DMH  
**Scribe:** Evelyn Woodard  
**Date:** 05/30/2007  
**Time:** 10:30 – 11:30 AM  
**Location:** Hargrove, Conference Room D

### IPRS Core Team Attendees:

x Rick Kretschmer	<b>Others:</b>
Sarah Harris	Tim Sullivan
x Cheryl McQueen	x Jamie Herubin
Sara Parks	x Sandy Flores
Gary Imes	x Mike Frost
Joyce Sims	x Myran Harris
x Rick Debell	Chris Ferell
Carlisa Stallings	x Deborah LeBlanc
x Thelma Hayter	x Evelyn Woodard
x Eric Johnson	Cathy Bennett
Pattie Waller	x Travis Nobles
Spencer (joined via phone)	

### Attendees:

Alamance-Caswell	x Onslow-Carteret
x Albemarle	x OPC
x Catawba	x Pathways
x Centerpoint	x Pitt
x Crossroads	x Roanoke-Chowan
x Cumberland	x Rockingham
x Durham	x Sand hills Center
x Eastpointe	x SE Center
x Edgecombe-Nash	x SE Regional
x Five – County MHA	x Smoky Mountain
x Foothills	Tideland
Guilford	x Wake
x Johnston	x Western Highlands
Mecklenburg	x Wilson-Greene
x Neuse	
x New River	

**Attendees:**

**Item No. Topics**

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – May 31, June 7, 14
4. Agenda items
  - Beta Test (NPI) Requirements Review
    - 100 records/LME/submission; Format test; full cycle run, 835
    - Testing to commence March (BOM)
    - **Update scheduled termination: TBD**
  - IPRS Questions or Concerns
  - MMIS Updates – Tim Sullivan & Chris Ferrell
5. DMH and/or EDS concluding remarks.
  - a. For **North Carolina Medicaid** claim questions / inquiries, please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
    - i. Physician phone analyst (i.e. Independent mental Health Providers – 4706
    - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) – 4704
6. Roll Call Updates

**Next Meeting: April 4, 2007**

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. <b>Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.</b>
3.	<b><u>Upcoming Check-writes</u></b> (cut-off dates) May 31, June 7, 14
4.	<p><b><u>Agenda items</u></b></p> <ul style="list-style-type: none"> <li> <p><b><u>Medicaid Questions or Concerns</u></b></p> <p><b>Q:</b> Terry (Eastpointe) – We did not see any of the Community Support Adjustments on this checkwrite. Will these go in this week?  <b>A:</b> Mike (EDS) – Yes, these will process this checkwrite.  <b>A:</b> Cheryl (DMH) – This is only for IPRS. Medicaid recoupment instructions are located on the May 2007 Medicaid Bulletin. These recoupments will process June 1<sup>st</sup>.  <b>Q:</b> Debra (EDS) – These Medicaid recoupments will take place after June 1<sup>st</sup>. So if the providers want to do an electronic replacement claim before that time, if you look at the DMA website at the May Bulletin, you will see Community Support Rate Changes and it gives you a link that gives you instructions on the replacement claim process.</p> </li> <li> <p><b><u>837 Beta Test (NPI)</u></b></p> <p>There are no changes pertaining to the 837 Beta testing. Please continue to test. The Division is still waiting on the final deadline from DMA as to when NPI will go into affect fully.</p> </li> <li> <p><b><u>IPRS Questions or Concerns</u></b></p> <p><b>Q:</b> Tom(WH) – During the previous checkwrite, there were IPRS claims that crossed over to Medicaid?  <b>A:</b> Mike (EDS) – These claims pertain to YA***, YP*** and YM*** procedure codes that routed to Medicaid and denied. These claims were identified and reprocessed during the previous two checkwrites. Some of these claims are pending and you may still see some of these claims finalize this week or next week.</p> <p><b>Q:</b> Yolanda (OPC) – I have a question concerning the 834 file. Are you cross-referencing everything that comes in that file even though it does not have a target population assigned to it or does it have to have a target population assigned to it?  <b>A:</b> Cheryl (DMH) – We know that the information will make it to the translator, but we are not sure what would happen during the 834 processing as to whether it will receive an error or not that the detail was missing. We will check to see what the code does if an 834 file is submitted with no detail on it and get back with you.</p> </li> </ul>

Q: Tom (WH) – Is procedure code YP820 inpatient hospitalization billed on a CMS 1500 or the UB92?

A: Cheryl (DMH) – It is still billed on the electronic 837 Professional which is the same as the CMS 1500. There is a revenue code for billing inpatient hospital on a UB claim for Medicaid. I do not know what the revenue code is at this time.

Q: Tom (WH) – can we bill these professional claims on the CMS 1500?

A: Cheryl (DMH) – No, you cannot bill these claims on paper, but must be billed electronically to IPRS on the 837 file.

Q: Tom (WH) – can we bill these professional claims using the NCECS Web Tool?

A: Cheryl (DMH) – Yes.

Q: Cathy (Smoky) – I have a rate question about procedure code 90862. The physician rate is 46.33. When I look at the nurse practitioner's rate schedule it is 46.17. This rate is higher than the doctor's rate. Is this correct?

A: Cheryl (DMH) – Please send your rate question to IPRS Q&A and we will research this for you.

Q: Faye (Mecklenburg) – I have a question regarding consumers who are dually diagnosed. For example the client is billed for service YM812, Supervised Living Residential II. Consumer is enrolled in ADMRI and their claims are denying on the diagnosis level. We have a concern regarding how the edits are setup for the diagnosis codes on the 837.

Q: Cheryl (DMH) - What type of error are you receiving?

A: Faye (Mecklenburg) – The denial code we are receiving is EOB8599.

A: Cheryl (DMH) – There should not be a problem with the diagnosis code if the client is in ADMRI. Now if the client is in a different pop group and the claim routes to that pop group the client will need to have a diagnosis code valid for that pop group.

Q: Cheryl (DMH) – Is this one of the claims you submitted to IPRS Q@A yesterday.

A: Faye (Mecklenburg) – No.

Q: Cheryl (DMH) - If you would please send this claim example to IPRS Q@A, we will research this for you.

Q: Dean (Roanoke Chowan) – We have a claim that was similar to Mecklenburg's claim denial. The recipient was on Room and Board and was dually diagnosed. But it was not related to diagnosis they believed. The recipient is dually enrolled in CMMED and CSSAD. The claim received denial code EOB8599, pop group CMMED.

A: Cheryl (DMH) - Please send claim number to IPRS Q@A and we will research this for you.

Q: Tom (WH) – CPT rate for 90862, prior to March the rate was 55.48, but there were a number of rate changes to the physician's CPT code that effective March 1, 2007 which a number of them were reduced. These rates were carried over to IPRS physician rate schedule, too. To me, this sounds like an error posted on the Medicaid fee schedule. Is it true that the rate changed March 1, 2007?

A: Thelma (DMH) – The only rate change we heard about was for procedure code 90862. You are correct that there were some other rate changes that entered into the system incorrectly in March; however we have not received the notices on those rates yet. As DMA re-evaluates what those rates should be, they will notify us what those rates should be so that we do the adjustments as well. We do not know how this process will take because there are huge amounts of procedure codes involved. So, as we hear what the rates should be, we will strive to do the adjustments. For any of the OBH codes in IPRS, we pull in the rates from Medicaid. We will need to see what those rates are, then do the adjustments.

	<p>Q: Jeanna (Catawba) – If they retro-actively as we get it to the new fiscal year in July 2007 and retro-actively change some of those other rates, will you all go back and adjust out of that fiscal year and take care of the correct budget year?</p> <p>A: Rick D (DMH) - We will not perform adjustments in the previous fiscal year, because the recoupments will go directly to the 1993 Account and the funds will come out of the current year's budget.</p> <p>Q: Donna (Onslow) – We have providers that have been told that they have to apply for Value Options approval before they perform services even if the client is not Medicaid eligible. Apparently, if the client becomes Medicaid eligible later, and it is retro-active, Value Options will not go back with that retro-active Medicaid.</p> <p>A: Cheryl (DMH) – We had someone from Medicaid answer this question several times and for retro-active Medicaid Eligibility, Value Options has been authorized by Medicaid to go back and do retro-active PA. The person who you need to contact at Value Options is Jane Harris.</p> <p>Q: Jeanna (Catawba) – Will any of the funds we requested to be moved so far be in place for this checkwrite?</p> <p>A: Rick D. (DMH) – Any funds requested to be moved should be in place for this checkwrite because June 1, 2007 is the deadline for funds transfers. Please contact Kent Woodson if you have any questions regarding your fund transfers status today.</p> <p>Q. Jeanna (Catawba)- I know that we made the request and Wanda stated it was approved. So is the money in the budget for this checkwrite?</p> <p>A: Rick D. (DMH) – I have not seen the NCAS report, therefore I cannot say that those transfers have taken place.</p> <p><b>DMH and/or EDS Concluding Remarks:</b></p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none"> <li>○ Physician phone analyst (i.e. Independent Mental Health Providers)-4706</li> <li>○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707</li> </ul> <p><b>Roll Call Updates</b></p>